

HC-4491



SHROPSHIRE EDUCATION COMMITTEE

School Health Service

REPORT

OF THE

Principal School Medical Officer

1969

COUNTY HEALTH DEPARTMENT, SHIREHALL, SHREWSBURY
MAY, 1970





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To The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Principal School Medical Officer for the year 1969.

There are several activities that are worthy of comment. In my introduction to last year's report I mentioned that the pilot scheme in the Bridgnorth area, using a questionnaire to select children in the intermediate age group for medical inspection, had been extended to all children in this age group. During 1969 it was further extended to include all children due to receive their school leaving examination. This means that children are examined at 11 and at leaving age when there is a particular indication for the examination to be carried out. It makes the medical inspection more worth while and provides satisfaction for the parents and also for the examining medical staff.

Over the past nine years every child who has been examined in the county maintained schools has been found to have a satisfactory state of physical development. This 100% record is something of which we can be justifiably proud.

Another problem, is that of the overweight child. Overweight in childhood usually leads to overweight in adult life and the effects of obesity on the circulatory system are too well known to need repeating and have been shown, without doubt, to lessen the expectation of life.

Our School Medical Officers are allocated specific sessions in order to liaise with the Head Teachers of the Schools in their area, each School Medical Officer being given an area of the county with its contained schools. In this way any problems can be discussed informally between the doctor and the teaching staff and prompt action can be taken to solve them. This is particularly valuable as it is a safeguard in the circumstances outlined above where not every pupil is automatically seen for examination because they reach a certain age group.

Mention is made within the report of a new method of vision testing. This is carried out by means of new table top equipment, which is transportable from school to school. It eliminates inherent disadvantages in the previous system such as the variation in lighting standards of the schools and the distance between the child and the eye chart. This work is carried out by specially trained vision testers/audiometricians, who examine the eyesight and hearing of school children immediately before they are seen by the Medical Officer at a school medical examination. Unfortunately it has not been possible to do this in all the schools throughout the county. It is anticipated that during 1970 another vision tester/audiometrician will be appointed and this service will be available to all schools.

Chiropodists are taking an increasing part in the care of the feet of the school population. At present they are looking for verrucas and then providing the necessary treatment. The logical extension of their activities is for them to see all school children at regular intervals, to look at all types of foot conditions, to treat and give advice and particularly to advise on preventive measures such as the wearing of suitable shoes.

Dental Service. The satisfactory level of dental staffing mentioned in last year's report has been maintained. Undoubtedly this stability is due largely to the new dental staffing structure introduced two years ago. There are chances of promotion within the service and it has been possible to make senior dental officers responsible for particular aspects of the work. There is still a great amount of work to be done as will be seen in the comments made by the Principal Dental Officer in the report. At least two-thirds of the children in our schools require dental treatment owing to dental caries. It is not possible to conceive of being in a position to contain this problem without many more staff and with the knowledge at our disposal it is obvious that the only way in which the problem can be reduced in the foreseeable future is by the introduction of fluoride into the water supplies of the county. This has now been shown to be a safe and proven way of reducing the incidence of dental caries in children. Its effects, although less marked in adult life, persist for many years.

I would like to draw your attention to the section on handicapped children commencing on p.15. Reference is made here to the pilot schemes in operation in five areas of the county to carry out developmental paediatric examinations. If these schemes are successful it is hoped to extend this to the whole of the county early in 1971. Extra work is involved but it is a much more satisfactory approach to the problem. It means that every examination carried out by a doctor in a child health centre is done with a direct purpose. Any deviation from the normal is quickly spotted and appropriate advice, whether it be medical, social or educational, can be made available.

Our services for hearing impaired children continue at the same high level as they have done over the past five years. At the time of writing this foreword, provisions are being made for

the fourth annual residential week-end course for the parents of hearing impaired children. This has proved very valuable and has been much appreciated by the parents.

It only remains for me to thank all our educational colleagues, from the Chief Education Officer and his administrative staff to the head teachers and teachers in each school, for their most ready co-operation in all matters.

I would also like to thank the members, particularly of the School Health and Welfare Sub-Committee, for their consistent interest and support throughout the year.

I have the honour to be

Your obedient Servant,

PHILIP C. MOORE,

PRINCIPAL SCHOOL MEDICAL OFFICER

County Health Department,

The Shirehall,

Abbey Foregate,

SHREWSBURY.

(Telephone No. Shrewsbury 52211).

April, 1970.

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HAYWARD, MRS. J. A.	

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer :

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer :

ERIC J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officers :

WILLIAM G. RHYS-JONES, M.A., B.M., B.Ch., D.P.H.

*ARTHUR H. WILDE, M.B., Ch.B., D.P.H. (Appointed 3rd March, 1969)

School Medical Officers :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)

AGNES D. BARKER, M.B., Ch.B. (part-time)

MICHAEL C. BATCHELDOR, M.B., B.S., L.M.S.S.A., D.P.H.

*ELIZABETH CAPPER, M.B., Ch. B., D.P.H.

ELIZABETH J. CARTER, M.B., B.S. (part-time)

JOHN D. CONDON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (Appointed 2nd June, 1969)

SHEILA M. G. CROSLAND, M.B., B.S., D.P.H. (part-time)

MARGARET DAVIES, M.B., Ch.B. (part-time) (Resigned 28th July, 1969)

ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.P., M.R.C.S. (part-time)

*JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H.

MARY P. K. HINCHLIFFE, M.B., Ch.B., D.P.H. (part-time)

*KENNETH E. JONES, M.B., Ch.B., D.P.H. (Resigned 3rd January, 1969)

IONA LLYWARCH, M.R.C.S., L.R.C.P. (part-time)

FLORA MACDONALD, M.B., Ch.B., D.P.H. (part-time)

*ALISTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.

MURIEL NANKIVELL, M.B., Ch.B. (part-time)

*ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.

ANNE E. PARK, M.B., Ch.B., D.Obst., R.C.O.G. (part-time) (Appointed 11th February, 1969)

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)

ANNE R. PRESTON, M.B., Ch.B. (part-time) (Appointed 10th March, 1969)

AUDREY ROSS, M.B., Ch.B. (part-time)

JOHN L. STEWART, M.D., M.B., Ch.B. (Appointed 2nd June, 1969)

JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P. (part-time)

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SUSAN E. WALTON, M.B., Ch.B. (part-time) (Resigned 31st July, 1969)

ELIZABETH A. WELTON, M.B., Ch.B. (part-time)

ROGER D. WILLCOCK, M.B., B.S. (Resigned 3rd March, 1969)

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Area Dental Officer :

ROGER A. HEESTERMAN, B.D.S.

Senior Dental Officers :

GEOFFREY G. FIELD, L.D.S.

NOEL GLEAVE, L.D.S.

PERCY J. JARRETT, B.D.S.

DAVID A. PRICE, B.D.S.

JANCIS M. SCARBOROUGH, B.D.S.

GEORGE B. WESTWATER, L.D.S.

Dental Officers :

Whole-time :

GILIAN LAWLEY, B.D.S. (Appointed 20th January, 1969)

*Also District Medical Officer of Health

Dental Officers :

Part-time :

ALEXANDER J. LAVELLE, L.D.S., R.F.P.S.
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.
BRIAN J. TONGUE, B.D.S. (Appointed 17th November, 1969)

Consultant Orthodontists (part-time) :

BRIEN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Anaesthetists (part-time) :

IRENE L. CLARKE, M.B., Ch.B., D.Obst.R.C.O.G.
MICHAEL ELDER, M.B., B.Ch.
JOHN P. GILES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G.
HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P.
JAMES J. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
FREDA WHITNEY, M.B., Ch.B.

Dental Technicians :

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Apprentice Dental Technician :

MARK J. DAVIES

Dental Auxiliaries :

JUDITH C. BISHOP
AUDREY E. BUCKLEY (Appointed 8th September, 1969)
SUSAN H. HEBDON
GILLIAN B. WOOLDRIDGE (Appointed 29th September, 1969)

Dental Hygienists :

ELAINE F. COPPEN
HENRY MACEFIELD (Appointed 3rd November, 1969)

Consultant Children's Psychiatrist (part-time) :

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Educational Psychologists :

JOHN L. GREEN, B.A.
DAVID R. JONES, B.Sc.(Hons.), Teacher's Diploma
MARGARET THOMAS, B.A. (part-time)
MAURICE B. WALTERS, B.Sc., Dip.Ed.Psych.

Senior Psychiatric Social Worker :

BRIDGET C. DOWNER, Diploma in Social Studies (London), Certificate in Psychiatric Social Work (Edinburgh)

Child Guidance Social Workers :

BETTY BOYCOTT, Social Science Diploma (London)
ROSEMARY CORFIELD, B.A., Certificate in Social Science (Liverpool)
CARA RHYS-JONES, LL.B. (Appointed 1st March, 1969)

Audiologist/Senior Speech Therapist :

EDWARD PAULETT, L.C.S.T., Dip.Aud.

Audiometrician/Vision Testers :

ROSAMUND K. FLOOK
JOAN ROBINSON

Speech Therapists :

MAUREEN B. AVISON, L.C.S.T. (part-time)
MARGARET D. L. BLACKMORE, L.C.S.T. (Resigned 3rd January, 1969)
PAULA BOOTH, L.C.S.T. (Appointed 3rd September, 1969)
ELIZABETH M. INGLIS, L.C.S.T.
ROSEMARY MOORCROFT, L.C.S.T. (Resigned 30th June, 1969)
MARJORY M. SHELDON, L.C.S.T. (part-time)

Physiotherapists :

PENELOPE A. L. CORFIELD (part-time) (Appointed 21st April, 1969)
CLARICE D. E. DUFFY (part-time)
ANNE GUY (part-time) (Resigned 30th November, 1969)
DENISE B. WOODS

Consultant Chest Physician (part-time) :

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

Health Education Officers :

HARRY HARRIS
DONALD KIRKHAM

Health Education Lecturers (part-time) :

JEAN M. OWEN
DAPHNE F. GILLET (Appointed 1st August, 1969)

Report for the year 1969

GENERAL

The area covered by the Local Education Authority comprises 862,482 acres ; and in June, 1969, the home population, as estimated by the Registrar-General, was 332,330, an increase of 4,800 compared with 1968.

The number of pupils on the school register in September, 1969, was 53,973 compared with 52,224 in September, 1968.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools :

<i>Non-Residential :</i>	<i>Schools</i>	<i>Departments</i>	<i>Pupils on Register</i>
Nursery Special School	1	1	42
Nursery	3	3	120
Primary (County)	89	89	18,138
Primary (Voluntary)	140	140	14,287
Secondary Modern (County)	25	25	10,902
Secondary Modern (Voluntary)	2	2	845
Secondary Grammar (County)	8	8	4,081
Secondary Grammar (Voluntary)	5	5	1,859
Comprehensive (County)	4	4	3,324
<i>Residential :</i>			
Secondary	1	1	135
Special	3	3	177
Hospital	1	1	63
TOTAL ..	282	282	53,973

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1969 :

	<i>Establishment</i>	<i>Staff at 31st Dec., 1969</i>
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officers	2	2
School Medical Officers—whole-time }	13	{ 3
—part-time }		{ 19
Principal School Dental Officer	1	1
Area Dental Officer	1	1
Senior Dental Officers	5	5
Dental Officers—whole-time }	5	{ 1
—part-time }		{ 4
Dental Auxiliaries	5	4
Orthodontists —whole-time }	1	{ —
—part-time }		{ 2
Dental Hygienist—whole-time }	2	{ 1
—part-time }		{ 1
Dental Technicians	2	2
Apprentice Dental Technician	1	1
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistants —whole-time }	13	{ 9
—part-time }		{ 4
Receptionist	1	1
Audiologist/Senior Speech Therapist	1	1
Speech Therapists —whole-time }	5	{ 2
—part-time }		{ 2
Physiotherapists —whole-time }	2.5	{ 1
—part-time }		{ 2
Audiometrician/Vision Testers	2	2

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December, 1969, was equivalent to approximately 7.8 whole-time officers.

The nursing staff employed in the School Health Service at the end of 1969 was 4 whole-time and 13 part-time School Nurses, while part-time service was also rendered by 24 full-time Health Visitors and 16 District Nurses-Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Section 48 of the Education Act, 1944, requires the Local Education Authority to provide for the medical inspection, at appropriate intervals, of all pupils in attendance at maintained schools, including County Colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from medical practitioners who have contracted with the Local Executive Council to provide general medical services ; and children found on examination by a School Medical Officer to be suffering from any defect are, save for certain agreed conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on pages 14 and 15.

Selective medical inspections are carried out at all Secondary schools in the County. The procedure is as follows: The parent of each pupil due for examination in the 11 and 14 year age groups is asked to complete a questionnaire giving information relating to the child's general health, medical history, progress, etc., and only those children selected on the basis of information provided in the completed questionnaires are given routine medical examinations. 2,352 pupils were found not to warrant routine medical examinations. The revised scheme means that less time is devoted to routine examination and more attention given to the individual pupils requiring it. The general reaction of Medical Officers and teaching staff has been favourable.

In addition to selective medical inspections the following inspections are carried out :—

(i) *Routine Inspections :*

Routine medical examinations are carried out of pupils in one age group only, namely Entrants—on admission to school, usually 5 years.

There were approximately 54,000 pupils on the School Register in 1969 and of this total 11,968 were examined for routine medical inspection purposes. Vaccinations, immunisations, health education talks, audiology and cytology are making increasing demands upon the Medical Officers, whose time for routine medical inspection purposes is proportionately reduced.

(ii) *Special Inspections and Re-examinations :*

In addition to the inspection of pupils in the Entrants age group mentioned in Section (i) above, special examinations are made of pupils referred on account of defects by Head Teachers or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation.

The numbers of pupils examined as specials and re-examinations in 1969 were 1,755 and 7,635 respectively, making a total of 9,390 examinations.

The increased number of routine medical inspections carried out in 1968 was maintained in 1969 and slightly improved upon. The number of defects discovered follow the usual trend over the past few years with visual defects very much to the fore. In general the medical inspection results were satisfactory and the nutrition figure which attained 100% in 1961 has since remained at that level.

The selective procedure for the intermediate group was extended to include the 14 year leaver age group. With the tendency to depart from the rigid system of periodic medical examination at defined age groups there is a need to establish a very close relationship between the Head of the School and the School Medical Officer so that the latter may give advice and guidance in regard to pupils with special problems. Medical Officers are, therefore, allocated a special session each month to visit schools in their areas, for this specific purpose. Difficulties faced by children in school and elsewhere are often resolved as a result of informal discussions between School Medical Officers and teachers. This process is in fact the basis of all school health work in schools and although the results of these discussions are not recorded statistically this in no way detracts from the practical value of this advisory and counselling service provided by the School Medical Officer.

Due to overcrowded conditions in some schools the accommodation for school medical inspections is far from ideal and it is often necessary to carry out inspections in local village hall type of premises. It may be possible at some future date to solve this problem and ensure smooth running of inspections by the use of a mobile medical unit provided with sophisticated diagnostic equipment to screen a wide range of defects on the same basis as the two existing mobile surgeries at present used in the School Dental Service.

Throughout the County the teaching staff are very co-operative with the Health Department and tolerant regarding the intrusions which are made into school time.

Treatment of Eye Conditions.—Vision testing (near, distance, colour vision and muscle balance) by means of the “Keystone” self-contained portable vision screener adopted for use in the County in connection with school medical inspection was continued during the year. The vision screener is a great advantage particularly in many of the older Primary schools where lack of adequate accommodation makes it difficult to carry out vision testing by traditional methods.

Combined vision and hearing tests are carried out immediately prior to routine medical inspections and recent testing results in both categories are therefore available to the examining Medical Officer.

Only two instead of the required three Audiometrician/Vision Testers are at present available and as a compromise Primary schools only are included in the combined scheme. It is hoped to appoint a third tester in 1970 to carry out the vision testing in Secondary schools, which is still being undertaken by School Nurses. The scheme continues to operate satisfactorily and there is now a greater uniformity in the vision testing results. Children considered to require ophthalmic treatment are referred by the School Medical Officer either to an Ophthalmic Optician or where necessary to an Ophthalmic Consultant. School Nurses carry out regular follow-up visits to schools and homes to ensure that treatment is in fact obtained for such school children and that spectacles are being worn in cases where they have been prescribed.

Vision is tested at 5, 7, 11 and 14 years but all pupils suffering from defective vision are seen by the School Medical Officer at annual re-examinations as mentioned in Section (ii) above. Special attention is paid to children suspected to be suffering from squint and Ophthalmic Consultants stress that referral at an early age is essential to guarantee satisfactory results after treatment. Colour vision is tested at the age of 11 years.

During the year, 6,015 children were dealt with for defective vision or other eye conditions, 5,505 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians, and 510 being treated by Ophthalmic Consultants at the Shrewsbury Eye, Ear and Throat Hospital and Bridgnorth and South Shropshire Infirmary.

Of the 13,723 pupils examined by School Medical Officers, 25 were noted as having had squint operations during the year and 71 to be receiving orthoptic exercises ; 46 other pupils were referred for specialist treatment on account of squint and 212 were noted for observation for the same condition.

Defects of Ear, Nose and Throat.—With the exception of visual defects and skin conditions, Medical Officers referred for treatment more children suffering from ear, nose and throat defects than for any other single cause. Of the 13,723 pupils medically examined, 56 were referred to the Ear, Nose and Throat Specialist during 1969 and another 991 were noted for observation on account of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 390 Shropshire school children in hospitals of Nos. 15 and 16 Hospital Management Committee Groups.

Orthopaedic Defects.—There are seven Orthopaedic After-Care Clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1969, of 13,723 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defects and referred to the Orthopaedic Surgeon where treatment was considered necessary.

			<i>Treatment</i>	<i>Observation</i>
Posture	..	..	3	127
Feet	..	..	40	513
Other Conditions	..		19	277

Defects of posture or feet account for an appreciable number of orthopaedic defects. Postural defects usually respond to corrective exercises at school and advice is given by Medical Officers on choice of suitable footwear.

Care of Feet.—During 1969 the County Chiropodists carried out 14 routine foot inspections (all in Secondary Schools) involving 5,479 pupils ; 182 cases of verruca (26 already having treatment and 156 which had not been diagnosed) were discovered. In addition, the Chiropodists found 169 cases of suspected Athlete's Foot (14 under treatment and 155 undiagnosed) together with 102 other foot conditions.

Head teachers are asked to report any cases of suspected verruca occurring amongst pupils in their schools in order that they may be seen and treated by the Chiropodists.

Children found on inspection to have verruca are excluded from swimming, showers and participation in bare foot physical education until the condition has been treated and cured.

Particular attention is paid in schools to the most likely spots for the spread of infection, e.g. gymnasium floors, swimming baths, etc., and these are disinfected.

Diseases of the Skin.—Of the 13,723 pupils medically examined by the School Medical Officers 105 required treatment for skin conditions and 435 were noted for observation. The numbers of Shropshire school children known to have been treated during 1969 for diseases of the skin (other than of the feet) are indicated below :

Ringworm —scalp	..	3
—body	..	9
Scabies .. ..	..	47
Impetigo .. ..	..	8
Other skin disease	..	15
TOTAL	..	82

Treatment of Minor Ailments.—Most of the conditions which could be seen at Minor Ailment Clinics are dealt with by the family doctor. Some minor ailment clinic facilities are in fact still offered at child health clinics.

At the “School Nurse” session and the “School Doctor” sessions at Bridgnorth, Oswestry and Wellington Child Health Centres, 31 children made 43 attendances in 1969. Examinations by the School Doctor totalled 16 and 12 of the the children were referred to their own doctor.

Convalescence.—On the recommendation of School Medical Officers, 2 pupils were provided with a fortnight’s free holiday convalescence during 1969. If a fairly long period of convalescence is required, the child is regarded as a delicate pupil and placed in an Open Air School.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to have nits or lice. Such inspections in Secondary Modern and Grammar Schools are now arranged only at the request of the Heads.

During 1969, a total of 97,087 head inspections was carried out by the School Nurses, and of the 41,521 pupils on the registers of schools inspected, 656 children were found to be verminous, some on more than one occasion. This represented a figure of 1.6 per cent of the school population who were found to be verminous during the year.

It was found necessary during the year to issue 37 Formal Cleansing Notices and 2 Cleansing Orders. No legal proceedings were instituted during the year.

Infestation is mainly confined to children whose home conditions are unsatisfactory.

Work of School Nurses.—School Nursing is undertaken by 17 School Nurses (4 whole-time and 13 part-time), 24 Health Visitors and 16 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to visits to schools for head inspections, the School Nurses attend routine medical inspections. Children ascertained by the School Medical Officers to be suffering from defects of any kind are either referred to the family doctor for treatment or noted for observation, and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table :

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole- time equiva- lent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses .. Part-time	4	4	148	1,348	221	1,569	1,569	119	39	158	1,727	2,447
School Nurses ..	13	4.67	246	2,352	365	2,717	2,717	1,477	169	1,646	4,363	1,955
Health Visitors ..	24	6.72	118	1,070	224	1,294	1,294	890	219	1,109	2,403	1,387
District Nurses ..	16	1.98	43	193	60	253	253	142	25	167	420	332
TOTAL ..	57	17.37	555	4,963	870	5,833	5,833	2,628	452	3,080	8,913	6,121

Employment of Children.—In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Chief Education Officer as being engaged in work outside school hours are examined by a School Medical Officer to ensure that they are not being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

After this initial examination, each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Of 568 pupils examined during 1969, it was necessary to recommend re-examination in one case at an interval of 6 months.

Medical Inspection of Pupils resident in Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in boarding schools or resident in special boarding schools within the County, as under

Bridgnorth ..	Apley Park
Ellesmere ..	Petton Hall
Shifnal ..	Haughton Hall
Wem ..	Trench Hall

Anything relevant to the well-being of the children ascertained at the medical examination is passed on to the Head of the school. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Petton Hall Residential Special School for Educationally Subnormal Boys :

Dr. M. C. Batcheldor, Medical Officer for this school, writes as follows :

“During the year 1969, I was appointed Medical Officer for Petton Hall in succession to Dr. A. D. Barker.

On each occasion I have visited the school, both formally and informally, I have received a most friendly welcome from The Headmaster, Mr. F. Schofield, The Matron and Staff and the boys.

There are 92 boys at the school and all are enjoying a varied and happy education. The multitude of activities in this beautiful country setting now includes swimming in their own heated outdoor pool. Many of the boys are becoming expert swimmers.

I examine each boy as a full routine medical once each year, and I follow up each boy as a check twice more in the year. This enables me to talk to them all and to the staff, and to learn about them and advise on the medical aspects of any difficulties that may become apparent. The General Practitioners, Dr. King and Dr. Pickup, attend to the general medical care of the children, who are all registered with them, and are most helpful and kind.

I find my duties as School Medical Officer of Petton Hall most enjoyable and rewarding”.

Haughton Hall Residential Special School for Educationally Subnormal Girls. :

Dr. A. N. O'Brien, Medical Officer for this School writes :

“The work of the School Medical Officer at Haughton Hall covers a wide variety of conditions which must be considered particularly in relation to each girl's educational progress. This is a special school for children in need of special care. Not only are the children educationally subnormal, they are, as well, burdened by other handicapping conditions, physical, mental, emotional, social or any combination of these in addition to educational retardation.

At present there are 72 pupils whose ages range from 10—17 years. They are all medically examined each term and additional examinations are arranged whenever necessary. The close co-operation which happily exists between the school and the Health Department makes it possible to obtain the best services for the individual child.

As School Medical Officer I enjoy meeting the girls and having the opportunity of discussing problems with the Headmistress, Mrs. Beswick and her Staff and with the General Practitioners who take care of any girls who may be ill.

Early assessment and diagnosis are essential and each child's progress is kept under review so that specialised care, educational, psychiatric and medical, can be provided as soon as possible. During the past year a number of girls have been referred to the R.A.F. Hospital at Cosford for treatment and the service which the hospital provides is much appreciated.

A new feature this year has been the setting up of a special unit within the school, to take about 10 girls during their first year. This is, in a way, an Admissions Unit from which the girls will be absorbed into the school and make normal progress through the school. If it is found that any child would be better helped by some other form of placement then she can be transferred after the initial period of assessment. This arrangement helps the staff to study each child's abilities and particular difficulties and is very helpful from the medical aspect providing close supervision and an opportunity to assess the success or otherwise of any form of treatment. Already the unit has proved to be of value especially in the treatment of emotionally disturbed children who need so much individual help.

The following tables show the types of defects found on medical examination and give some indication of the problems of providing for each child the special care which she needs :

AGE (Years)	9—10	10—11	11—12	12—13	13—14	14—15	15—16	16+	TOTAL
Number of Pupils	4	5	8	12	19	10	10	4	72
Range of Intelligence Quotient	62—68	64—75	56—74	51—79	56—80	46—72	52—69	57—66	

In addition to educational subnormality, the following defects were found at School Medical Inspections in 1969. It should be noted that a number of children have more than one defect :

Skin	6	Epileptic	2
Dental	5	Other C.N.S.	2
Nose and Throat	7	Orthopaedic	4
Hearing	14	Heart	3
Speech.. .. .	2	Diabetic	1
Vision	17	Obesity	4

Children suffering from serious social deprivation—6

Seriously maladjusted—2

Suitable for admission to Training Centre—2

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne Hospital, Shrewsbury, patients recommended for special tuition attend a class regularly at the hospital by a tutor provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general Child Health Clinics. In addition to the clinics listed, there are two Mobile Dental Units which operate in the north and south of the County respectively. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department, Shirehall, Shrewsbury, or from the local School Medical Officer concerned.

List of School Clinics as at 4th March, 1970

Medical Officer and District	Centre	Frequency of Sessions		
DR. BARKER Wem	Wem	Audiology	As required	
		Dental	Four sessions weekly	
DR. BATCHELDOR Whitchurch	Ellesmere	Audiology	As required	
		Dental	Four sessions weekly	
	Petton Hall	Speech Therapy	One session weekly	
	Whitchurch	Audiology	As required	
		Dental	Eight sessions weekly	
DR. BATCHELDOR Oswestry	Oswestry	Audiology	As required	
		Child Guidance	One session monthly	
		Dental	Eight sessions weekly	
		Ophthalmic	Two sessions monthly	
		Orthopaedic	One session weekly	
		School Doctor	One session weekly	
		School Nurse's Session	One session weekly	
		Speech Therapy	One session weekly	
DR. CAPPER Ludlow	Church Stretton	Audiology	As required	
	Church Stretton Junior School	Speech Therapy	Two sessions monthly	
	Cleobury Mortimer	Audiology	As required	
	Ludlow	Audiology	As required	
		Child Guidance	Five sessions monthly	
		Dental	Ten sessions weekly	
		Ophthalmic	Three sessions monthly	
		Speech Therapy	Two sessions weekly	
DR. CONDON Madeley	Madeley	Audiology	As required	
		Dental	Eight sessions weekly	
		Orthopaedic	Two sessions monthly	
		Speech Therapy	One session weekly	
DR. CONDON Wellington	Wellington	Audiology	One session weekly	
		Child Guidance	Five sessions weekly	
		Dental	Eighteen sessions weekly	
		School Doctor	One session weekly	
		Speech Therapy	Two sessions weekly	
DR. MACKENZIE Shrewsbury Area	Health Centre, Murivance	Speech Therapy	Four sessions weekly	
	5a Belmont	Dental	Twenty sessions weekly	
	Condover Hall, nr. Shrewsbury	Speech Therapy	One session weekly	
	Katharine Elliot School	Speech Therapy	Three sessions weekly	
	(Woodcote Way)			
	The Old Vicarage, Shirehall	Child Guidance	Eleven sessions weekly	
	The Annexe, Shirehall	Hearing Assessment	Three sessions monthly	
		Audiology	As required	
	Albert Road	Audiology	As required	

Medical Officer and District	Centre	Frequency of Sessions
DR. NANKIVELL Shifnal	Albrighton Group Practices Surgery Albrighton County Junior School Albrighton County Infants School R.A.F. Cosford Hospital Shifnal Haughton Hall	Audiology One session monthly Speech Therapy .. One session weekly Speech Therapy .. One session weekly Hearing Assessment .. One session monthly Audiology As required Speech Therapy .. One session weekly
DR. O'BRIEN Newport	Newport	Audiology As required Child Guidance .. As required Dental Three sessions weekly Speech Therapy .. One session weekly
DR. PENNEY Bishop's Castle	Bishop's Castle	Audiology As required Child Guidance .. As required Speech Therapy .. Two sessions monthly
DR. ROBSON Market Drayton	Market Drayton	Audiology As required Child Guidance .. One session monthly Dental Nineteen sessions weekly Speech Therapy .. One session weekly
DR. STEWART Oakengates	Donnington Infants' School .. Hadley Teagues Bridge Infant School .. Oakengates..	Speech Therapy .. One session weekly Audiology As required School Doctor .. One session monthly Speech Therapy .. One session weekly Audiology As required Speech Therapy .. One session weekly
DR. TURNBULL Bridgnorth	Bridgnorth (Northgate) Highley	Audiology As required Child Guidance .. Five sessions monthly Dental Twenty sessions weekly School Doctor .. One session monthly Speech Therapy .. Two sessions weekly Audiology As required
DR. WILDE Dawley	Dawley Sutton Hill	Audiology As required Dental Six sessions weekly Speech Therapy .. One session weekly Child Guidance .. Two sessions weekly Audiology As required Child Guidance .. One session monthly

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions :

The Royal Salop Infirmary, Shrewsbury
 Copthorne Hospital, Shrewsbury
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton Royal Hospital, Wolverhampton
 The Staffordshire General Infirmary, Stafford

Eye Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Staffordshire General Infirmary, Stafford
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton and Midlands Counties Eye Infirmary, Wolverhampton

Ear, Nose and Throat Conditions :

The Bridgnorth and South Shropshire Infirmary, Bridgnorth
 Copthorne Hospital, Shrewsbury
 The Eye, Ear and Throat Hospital, Shrewsbury
 Ludlow and District Hospital, Ludlow
 Oswestry and District Hospital, Oswestry
 Shifnal Cottage Hospital, Shifnal
 Whitchurch Cottage Hospital, Whitchurch
 New Cross Hospital, Wolverhampton
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Staffordshire General Infirmary, Stafford
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton Royal Hospital, Wolverhampton

Orthopaedic Conditions, including Fractures :

The Royal Salop Infirmary, Shrewsbury
 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry
 The Kidderminster and District General Hospital, Kidderminster

Special Forms of Treatment not elsewhere available :

The Birmingham Children's Hospital, Birmingham

HANDICAPPED CHILDREN

Detection and Ascertainment.—Developmental Paediatric Examinations—Pilot Scheme.—Health Authorities recognise that it is necessary to discover handicaps or potential handicaps early in the child's life—before the baby is a year old if possible—so that appropriate treatment will be more effective. Most local authorities maintain an "At Risk" register which includes details of all children in whom the family history or circumstance during pregnancy at the time of birth or shortly afterwards suggest that the child is particularly at risk of developing a handicap, e.g. maternal infection during pregnancy, premature infants, twins, etc.

This register focuses attention on the children at risk but the system has weaknesses in that we cannot ensure that 100% of "At Risk" children are notified for inclusion, whilst some children not in the "At Risk" category nevertheless develop handicaps. It was for these reasons that in this County it was decided in May, 1969 to commence a pilot study at Ludlow, Madeley, Shifnal, Wellington, and Wem Child Health Centres, to ascertain whether with available accommodation, medical and administrative staff, it would be possible to screen every new born child for the whole range of physical and mental handicaps.

Developmental paediatric examinations which can influence a child's health for the rest of its life have been widely discussed. The usual procedure is for children to be brought to Child Health Centres by their mothers for routine examination when the child is a few weeks old, but their attendance depends upon the mother's own interest, knowledge and enthusiasm, the efficiency of the local Health Visitors in persuading parents that routine examinations are important or the mother's need for advice about her children's problems. Under the pilot scheme a clinic appointment system was, therefore, introduced.

The first contact is made in a letter to each mother informing her that examinations by the Clinic Medical Officer will be made at the age of 4—6 weeks, 10 months and 18 months. The letter emphasises the need to ensure that the child develops normally but it is pointed out that if there is an abnormality it will be diagnosed and treated quickly.

The Health Visitor calls at the home and carries out an initial assessment as to whether the child's progress is normal for his age using a chart devised by Birmingham Children's Hospital. This information so obtained assists the clinic doctor in his examination, and if he discovers any actual or potential abnormalities in his 20 minute examination in the Clinic, he refers the child to the family doctor who, if necessary, consults a Paediatrician.

The attendance rate of approximately 80% which has so far obtained under the pilot study, compares favourably with the usual Child Health Clinic attendance of 70% when as a rule only one third of the children attending actually see the clinic doctor.

During the year, clinic appointments were issued in respect of 337 children aged 4—6 weeks. Of the 270 who were brought for examination, 25 were found to be suffering from conditions requiring treatment ; 18 of these children were already under the care of Paediatricians, but 7 were referred to the family doctors for fuller investigation.

In February, 1970 the first 10 month examinations will begin, followed in October of that year by the first 18 month examinations. We are at too early a stage for any conclusions to be made but there should be results on which to base a judgement by early 1971 and if it is decided that the study is a success and within the capacity of the County Health Service, it should be possible to offer developmental screening at the County's 45 Child Health Centres to all the 6,000 children born in the County each year. Operating concurrently is a scheme whereby all children in the County are being screened at the age of nine months for hearing and visual defects.

Having discovered an abnormality or a potential abnormality, the children and parents are helped medically, socially and educationally and the preferred way to accomplish this is by teaching the parents how to help the child in the pre-school period so that need for attendance at Special Schools is avoided. A considerable number of children handicapped in various ways are ultimately integrated into the ordinary school system.

Assessment of Handicapped Children.—A handicapped pupil may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Children suffering from such disabilities or defects which impede normal progress in school are given special consideration. This varies from education in hospital (for long stay patients) and home tuition, to education in special classes or units in ordinary day schools. Residential School may be recommended where specialised treatment is necessary and which cannot be provided locally or where home circumstances justify boarding education.

The Education Act, 1944, imposed upon Local Authorities the duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

For the purpose of the Education Act, there are ten categories of handicap :

Blind	Educationally Subnormal.
Partially Sighted	Epileptic.
Deaf	Maladjusted.
Partially Hearing	Physically Handicapped
Delicate	Speech Defective.

A "Register of Handicapped Pupils" is maintained in the School Health Service Section. Children suffering from obvious handicaps such as total deafness, severe physical disabilities, etc., are discovered long before they reach school age and Health Visitors keep them continually under observation. The need for early discovery must be stressed and parents, family doctors, school medical officers, health visitors and teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without harmful delay. Consultant Paediatricians advise the School Health Service about any handicapped children who are under their care.

During 1969, pupils ascertained by School Medical Officers under the Handicapped Pupils and School Health Service Regulations numbered 338, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 684 children found to be speech defective were brought under treatment by the Speech Therapist whilst a further 2,389 examinations were carried out at the Medical Audiology Clinics as a result of which 625 recommendations and referrals were made.

Some 675 children were under treatment at Child Guidance Clinics during the year and fuller details are contained in the report of Dr. D. R. Benady, Consultant Child Psychiatrist, on page 35.

HANDICAPPED PUPILS

Category	Pupils Specially Ex- amined	Not Handi- capped	Special Educational Treatment Recommended				Reported to Local Health Authority		Pupils not requiring super- vision on leaving school
			In Ordinary School	In Special Day Class	In Special School	Home Tuition	Unsuit- able for educa- tion at school	Friendly super- vision on leaving school	
Blind	4	—	—	—	4	—	—	—	—
Partially Sighted	4	—	—	—	4	—	—	—	—
*Deaf	1	—	—	—	1	—	—	—	—
Partially Hearing	3	—	—	—	3	—	—	—	—
Delicate	9	—	—	—	7	2	—	—	—
Educationally Subnormal ..	277	27	26	80	64	—	33	45	2
Epileptic	—	—	—	—	—	—	—	—	—
Physically Handicapped ..	40	—	—	—	26	14	—	—	—
TOTAL ..	338	27	26	80	109	16	33	45	2

*All children suspected of being deaf or partially hearing are now dealt with not by the individual School Medical Officer but by a Specialist Audiology Team, whose recommendations are referred to on page 31.

As well, the Medical Officers also carried out a further 604 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers during the period 1960 to 1969 :

				(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Physically handicapped		TOTAL
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Examined :	1960	..	..	1	—	4	3	42	299	1	35	385
	1961	..	..	—	2	2	2	31	283	5	18	343
	1962	..	..	2	2	—	3	21	247	1	22	298
	1963	..	..	—	3	1	2	15	252	6	21	300
	1964	..	..	3	3	—	—	26	292	9	18	351
	1965	..	..	2	2	—	3	16	268	—	36	327
	1966	..	..	—	3	2	5	21	236	6	39	312
	1967	..	..	3	6	—	1	17	279	2	28	336
	1968	..	..	3	—	—	4	15	294	1	31	348
	1969	..	..	4	4	1	3	9	277	—	40	338
Recommended for Special School :	1960	..	..	1	—	4	3	27	59	1	10	105
	1961	..	..	—	2	2	2	21	71	5	9	112
	1962	..	..	2	2	—	3	16	52	1	10	86
	1963	..	..	—	3	1	2	11	43	5	8	73
	1964	..	..	3	3	—	—	17	51	6	3	83
	1965	..	..	2	2	—	3	11	68	—	23	109
	1966	..	..	—	3	2	5	10	45	3	24	92
	1967	..	..	3	6	—	1	13	60	2	19	104
	1968	..	..	3	—	—	4	10	60	1	15	93
	1969	..	..	4	4	1	3	7	64	—	26	109

Blind.—Four children were ascertained during the year as requiring special educational treatment in a school for the blind and there are now nine children attending special residential schools for blind children.

Partially Sighted.—Four children were ascertained during the year as requiring special educational treatment and there are now six partially sighted pupils attending special schools in various parts of the county.

Deaf/Partially Hearing.—All children suspected of being deaf or partially hearing are dealt with not by the individual School Medical Officer, but by a Specialist Audiology Team. A special report on these handicaps and the recommendations made in this connection will be found on page 27.

Physically Handicapped.—The majority of these children who suffer from physical handicaps of varying degrees of severity, attend ordinary schools and any necessary special arrangements are made. Special transport to and from school is provided by the Education Authority for any child who on account of physical handicap, injury, acute or chronic ill health, etc. is considered unfit to attend school by other means. At the end of the year, 161 pupils were receiving special transport on medical grounds.

Where the disability is so great as to preclude attendance at either ordinary or special schools or where the pupils are undergoing temporary periods of medical treatment at home, the Education Authority provide home tuition. Each child is examined by the School Medical Officer to ensure that home tuition is necessary on medical grounds and is kept under review to ascertain when resumption of attendance at the ordinary school is desirable. Hours of tuition provided weekly vary according to the needs of individual pupils and at the end of 1969, 13 pupils were being provided with home tuition.

During 1969, some 40 new cases were assessed as physically handicapped and of this total 26 were recommended for admission to special school and 14 for home tuition. At the end of the year, 23 physically handicapped pupils were being educated in special residential schools.

Delicate.—The majority of children in this category, which includes diabetic children as well as children suffering from asthma and other chest conditions, are placed in residential schools as a change of environment for a prolonged period—often six months—is recommended on medical and sometimes on social grounds.

9 new cases were assessed as delicate pupils in 1969 and at the end of the year 13 children were in attendance at special schools.

Epileptic.—The great majority of children suffering from epilepsy are able with adequate treatment to continue to attend ordinary school with minor restrictions on their activities. Occasionally the disability is sufficiently severe to warrant admission to a special residential school for epileptics and 5 pupils were receiving such education at the end of the year.

Maladjusted.—At the end of the year, 38 maladjusted pupils were receiving educational treatment in residential special schools. A report on the Child Guidance Service by Dr. D. R. Benady, Consultant Children's Psychiatrist, appears on page 35.

Speech Defective.—At the end of the year one pupil was in attendance at a special school for speech defective children. A report on the Speech Therapy Service appears on page 24.

Educationally Subnormal.—This is by far the largest single group of pupils in need of special educational facilities and during 1969, of 277 such children who were referred for assessment to the School Medical Officers and Educational Psychologists on account of lack of progress in the ordinary school or for supervision on leaving school, the following recommendations were made :

Special Educational Treatment :

Ordinary School	..	..	..	..	..	..	..	26
Special Day Class	..	..	..	..	..	..	..	80
Special School	..	..	..	..	..	..	..	64
Not Handicapped	..	..	..	..	..	..	..	27
Unsuitable for education at school				..	..	..	..	33
Friendly supervision on leaving school				..	..	..	..	45
Not requiring supervision on leaving school				..	..	..	..	2

The following existing provision for educationally subnormal children has been made by the Local Education Authority :

Special Schools (Residential, all ages) :

Petton Hall for Boys (90 places)

Haughton Hall for Girls (77 places)

(12—15 places reserved for girls from Herefordshire which has no residential school for girls)

Units attached to Ordinary Schools (Age range 8—11 years) :

Oswestry, Woodside County Primary	(15 places)
Shrewsbury, St. Michael's Street County Primary	(30 places)
Teagues Bridge County Junior	(15 places)
Ketley Town County Junior	(15 places)
Pool Hill County Junior	(15 places)
Ludlow, St. Laurence C.E. Junior	(15 places)
Market Drayton County Junior	(15 places)
(Age range 11—16 years)	
Shrewsbury, Belvidere Boys' Modern	(15 places)
Shrewsbury, Monkmoor Girls' Modern	(15 places)
Trench Boys' Modern	(15 places)
Wrockwardine Wood Girls' Modern	(15 places)

The total number of places available for Shropshire children is approximately 165 residential and 180 day places.

The Peripatetic Remedial Teaching Service is now established as a branch of the Special Education Services provided for handicapped children.

The Remedial Teachers (there is an establishment for 7 teachers) work in liaison with the Primary School Advisers and under the supervision of one of the Educational Psychologists. Preliminary surveys are carried out in groups of schools and a programme of remedial work is drawn up. Schools within the group are visited regularly by the Remedial Teachers and the retarded children are withdrawn from classes to receive special tuition. They work closely with Class Teachers and the needs of individual children are discussed so that even when the Remedial Teacher is not present the Class Teachers are able to continue the remedial work.

Children Unsuitable for Education in School.—There are some children who are so mentally retarded as to be incapable of benefiting from education even in special schools. During 1969 78 such children were recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended, for treatment, care or training ; 33 under sub-section 4 as being unsuitable for education at school and 45 as being in need of friendly supervision after leaving school. The comparable figures for 1968 were 28 and 37 respectively.

The decision to report a child as being unsuitable for education in the ordinary school is taken only after very careful consideration of all the factors involved and usually after a trial period in the ordinary or a special school.

Supervision of School Leavers.—The handicapped school leaver poses a very real problem. The School Medical Officer, at the last routine medical examination of each pupil, makes a report if he considers a pupil unsuitable for work of any particular type. This report is forwarded by the Principal School Medical Officer to the Youth Employment Officer to ensure that any pupil on leaving school is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also encouraged to enrol in the Register of Disabled Persons and so obtain through the Ministry of Labour sheltered employment and also special educational training open to Registered Disabled Persons.

Special arrangements exist to deal with the problem of after-care for pupils leaving Petton Hall and Haughton Hall Residential Schools, and Mental Welfare Officers and Youth Employment Officers do, in suitable cases, visit the special schools before the children actually leave. Each

case is then followed up at home to ensure that the child settles down in employment and becomes satisfactorily adjusted to post-school life.

In order that handicapped children may be kept constantly under review in the twelve months preceding school leaving and during the following five years, an After-Care Committee co-ordinates the efforts of the various bodies concerned, namely the Education, Children's, Health and Welfare Departments, and the Ministry of Labour's Rehabilitation and Youth Employment Service.

Home Visiting by School Medical Officers.—The School Medical Officers are given lists of handicapped children living in their areas and are expected to pay attention to these children in school or by home visiting. Some cases have to be referred to the Central Office for further advice and discussion.

Dr. Barker spent during the year approximately three or four half-day sessions per week on home visiting. Sometimes accompanied by Miss M. E. M. Evans, the Social Worker, Dr. Barker visited the homes of very young handicapped children to examine and assess them, to discuss the question of their educational future with the parents and in general to give them help and guidance in the understanding and management of their children. Details of those young children who are considered suitable for attendance at the Katharine Elliot School for Handicapped Children, are passed to the Chief Education Officer. Mr. Davies, as Principal of the Katharine Elliot School, also visits with Miss Evans the homes of all of those children who attend the School or are recommended for future admission.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	<i>Pupils on List</i>	<i>Number Visited</i>	<i>Number not Visited</i>	<i>Visits Made</i>
Blind	9	6	3	7
Partially Sighted	34	15	19	16
Deaf	2	2	—	2
Partially Hearing	86	27	59	36
Some Hearing Loss	97	37	60	50
Delicate	213	135	78	181
Educationally Subnormal	506	228	278	287
Epileptic	70	33	37	44
Maladjusted	44	19	25	36
Physically Handicapped	529	265	264	360
Speech Defective	7	5	2	6
	<u>1,597</u>	<u>772</u>	<u>825</u>	<u>1,025</u>

Katharine Elliot School.—This school copes with a wide variety of handicaps and offers education, assessment and social training to about 46 children of ages ranging from 2—9 years.

The following account of this project has been contributed by Mr. N. O. Davies, the school's Principal.

“The Katharine Elliot School has now been open for five and a half years. Of the 72 children who have left the school during this time, about one-third have been able to go to ordinary Primary Schools. The following table gives details of the placement of those discharged since the opening of the school in September, 1964.

Total number discharged	..	..	..	72
To ordinary Primary Schools	..	..	..	23
To Residential Special Schools	..	..	..	15
To Training Centres	..	..	..	14
To Units for Deaf/Partially Hearing Children	9			
To Special Day Classes for Educationally Subnormal Children	..	..	..	6
Others	..	..	..	5

Few Education Authorities are able to provide all the necessary special types of school locally and for many of the severely physically handicapped children who attend the Katharine Elliot School the only suitable educational placement is at a boarding special school, often a long way from home. This presents a very hard choice for the great majority of parents. It can be a difficult problem, also, for those who have to advise the parents professionally.

Because of the great difficulty experienced in finding suitable placement for children immediately they have reached the age of 7 years, the Education Committee has agreed that some children may stay at the school until they are 11 years old.

There are at present 43 children on roll and of these, 30 attend on a full-time basis. Some 15 have cerebral palsy and 14 suffer from spina bifida. Of the remainder, 2 are partially sighted, 2 suffer from osteogenesis imperfecta, and 1 has muscular dystrophy. For some of the others the diagnosis is uncertain.

The waiting list remains formidable and we are still unable, because of lack of places, to admit children under the age of 4 years. It is unlikely that there will be any significant change in this situation until the new school for handicapped children opens at Telford in September, 1971. Because of this, the importance of frequent and regular visits by the Social Worker to all the parents whose children are on the waiting list cannot be over-emphasised.

The Katharine Elliot is primarily a school where young handicapped children come for observation, education and, later, placement in other schools. Occasionally, however, a child is referred solely for assessment and when this is so it is particularly important that our approach to the problem should be regarded as team work in which parents, the school staff, the school's Medical Officer and visiting specialists are active partners”.

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

Work to modernise the Dental Clinic at Belmont commenced in October. This was welcomed by the staff at the Clinic who had worked under difficult conditions for a long time. The work is to be carried out in two stages. It is hoped to complete the first half of the modernisation plan early in the New Year. Staff will simply then move over into the completed part allowing the contractor to continue uninterrupted. The service offered to the patients will not be affected.

During the year we again managed to attain a relatively stable staffing situation, and this has enabled us to increase the number of children inspected.

One of the main problems has been shortage of surgery space—not helped by the Belmont programme. This has been particularly acute in the Wellington area. It has been necessary, therefore, to station both mobile dental clinics alongside the present building. This has enabled us to increase the work output from this Centre. This is not the best way to use this type of unit, and it is hoped to move them back into rural areas as soon as possible.

In the New Year it is hoped to establish a new pattern of dental inspection, the aim being to obtain as much information as possible concerning a child's dental health, and to set this down in a standard form. This data would then be processed through a computer, enabling us to ascertain the dental state of any group of children within the County of Salop. From this we should be able to :

- (1). Assess treatment requirements,
- (2). Determine the effectiveness of our treatment measures and dental health campaigns,
- (3). Allow us to plan the future number of clinics and their staff requirements (particularly important in Telford), based upon a detailed knowledge of the disease patterns that prevail and
- (4). Help us to plan for prevention as well as treatment.

In this project every assistance is being given by the Department of Preventive Dentistry at Birmingham University.

During the year, 48,146 of the school population were inspected and re-inspected. Of this number 66.76% were found to require urgent treatment. Still we debate the proven efficiency of fluoride !

I would like to thank all the dental staff for their hard work this year, sometimes under trying conditions.

Work done during the year (these figures **include** those relating to the Mobile Units) :

<i>Attendances and Treatment :</i>	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First Visit	4,253	3,492	855	8,600
Subsequent visits	7,525	7,309	2,116	16,950
Total visits	11,778	10,801	2,971	25,550*
Additional courses of treatment commenced	771	682	160	1,613
Fillings in permanent teeth	6,005	12,095	3,646	21,746
Fillings in deciduous teeth	6,580	265	—	6,845
Permanent teeth filled	4,392	10,015	3,227	17,634
Deciduous teeth filled	5,895	246	—	6,141
Permanent teeth extracted	372	2,132	498	3,002
Deciduous teeth extracted	7,260	1,973	—	9,233
General anaesthetics	2,512	1,399	194	4,105
Emergencies	823	485	102	1,410
Number of Pupils X-rayed .. .. .	.. .. .	.. .. .	.. .. .	749
Prophylaxis .. .. .	.. .. .	.. .. .	.. .. .	2,988
Teeth otherwise conserved .. .. .	.. .. .	.. .. .	.. .. .	1,750
Number of teeth root filled .. .. .	.. .. .	.. .. .	.. .. .	47
Inlays .. .. .	.. .. .	.. .. .	.. .. .	15
Crowns .. .. .	.. .. .	.. .. .	.. .. .	56
Courses of treatment completed .. .. .	.. .. .	.. .. .	.. .. .	8,317

*In addition 1,490 visits were carried out by the Dental Hygienists.

Orthodontics :

New cases commenced during year	..	..	..	..	..	..	..	..	104
Cases completed during year	..	..	..	..	..	..	..	..	84
Cases discontinued during year	..	..	..	..	..	..	..	..	9
Number of removable appliances fitted	..	..	..	..	..	..	..	..	188
Number of fixed appliances fitted	..	..	..	..	..	..	..	..	19
Pupils referred to Hospital Consultant	..	..	..	..	..	..	..	..	—

<i>Prosthetics :</i>		<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	..	3	2	1	6
Pupils supplied with other dentures (first time)	..	11	39	36	86
Number of dentures supplied	.. ..	16	55	48	119

Anaesthetics :

General Anaesthetics administered by Dental Officers	104
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Inspections :

(a) First Inspection at school. Number of Pupils	17,164
(b) First Inspection at clinic. Number of Pupils	5,854
Number of (a) + (b) found to require treatment	..	..	..	..	..	15,363
Number of (a) + (b) offered treatment	..	..	..	..	..	14,055
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	2,658
Number of (c) found to require treatment	..	..	..	..	..	1,640

Sessions :

Sessions devoted to treatment	4,563
Sessions devoted to inspection	..	..	..	..	..	..	..	..	165
Sessions devoted to Dental Health Education	..	..	..	..	..	..	..	..	33

Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 90) of Condoval Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE, *Principal Dental Officer.*

SPEECH THERAPY

On the 3rd January, 1969 Mrs. Blackmore resigned from full-time employment as a Speech Therapist and moved into Staffordshire. At the end of June Miss Moorcroft also left our employ to take up a post in Worthing. Following the appointment of Miss Booth, in September, the staff comprised :

- 1 Senior Speech Therapist
- 2 Speech Therapists (full -time)
- 2 Speech Therapists (part-time, equivalent of 1 full-time speech therapist).

It has been encouraging throughout the year to have received enquiries from several senior pupils in Shropshire schools who are interested in Speech Therapy as a career. They, and often their parents, have all been interviewed, given advice and encouragement, and allowed to observe at various clinics. This aid to recruitment, it is hoped, will produce some long term results—possibly within our own County.

All of the training establishments in the Country have been contacted giving details of the appointments in Shropshire and the Senior Speech Therapist offered to speak to the students. This he did in London and, having thought to bring a map of Britain, was fortunately able to show exactly where Shropshire is situated. Only one of twelve senior students knew exactly where this County is on the map and that person has her home in Cheshire ! In January Miss Moorcroft attended a three-day refresher course in Torquay and gave an interesting and useful report to the other therapists on her return.

It has been possible on several occasions during the year for the Speech Therapy staff to meet and discuss mutual problems involving their work.

When the number of therapists is increased, it will be possible to increase the number of visits to schools. It will also be the intention to work with members of the Child Guidance Team on the problems of the non-communicating children.

At the end of 1969 Speech Therapy Clinics were being held at the following Centres :

	Morning	Afternoon	Evening
Monday ..	Condover Hall Katharine Elliot School Newport C.H.C.	Market Drayton C.H.C. Oswestry C.H.C. Wellington C.H.C.	
Tuesday ..	Haughton Hall School Katharine Elliot School Murivance C.H.C.	Eye, Ear and Throat Hospital Murivance C.H.C.	Eye, Ear and Throat Hospital
Wednesday	Madeley C.H.C. Petton Hall	Albrighton County Infants' School Dawley C.H.C. Oakengates C.H.C.	
Thursday ..	Donnington Infants' School Ludlow C.H.C. Teagues Bridge Infants' School	Albrighton County Junior School Eye, Ear and Throat Hospital Ludlow C.H.C.	
Friday ..	Bishop's Castle C.H.C. Bridgnorth C.H.C. Church Stretton Junior School Katharine Elliot School	Bridgnorth C.H.C. Wellington C.H.C.	

During the year 1969, the total number of children who were given speech therapy was 684. The following table gives particulars of the conditions which necessitated their attendance :

Condition	No. of cases treated
Stammer	69
Cleft palate	8
Severe dyslalia	82
Nasality + or —	13
Dyslalia	324
Voice defect	7
Mongolism	3
Non-communicative	19
Partially hearing	13
Educationally subnormal.. .. .	36
Dysarthria	20
Mixed defect	25
Dysphasia	13
Mental defect	12
Language defect	40
TOTAL	684

These totals include 1 child from a neighbouring County, the latter paying the Shropshire Education Authority for this treatment.

The following table gives particulars of the 207 children who were discharged :

Normal	Substantially Improved	Unlikely to benefit from further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
80	52	5	6	33	31	207

In a small number of cases, discharge is temporary and children can attend later for further treatment.

In addition :

304 children made single visits to centres for advice.

160 visits were made to individual homes.

33 visits were made to schools to see children and discuss cases with teachers.

E. PAULETT,
Senior Speech Therapist.

AUDIOLOGY

NITTS ! In this day and age how many of us are sufferers ? This phenomenon of Noise-induced Temporary Threshold Shift has an effect which usually lasts for only a few minutes ; it is the slight deafness which is noticeable after coming into quieter surroundings after spending some time in a fairly noisy place.

Prospero's isle "full of noises, sounds and sweet airs, gave delight and did not hurt, but most people are agreed that the modern style of living has produced an increase in unpleasant noise.

The person working in noisy surroundings who experiences the effect of NITTS every night after work may take it as a fairly reliable warning that the noise of the job is likely to lead to eventual permanent hearing damage. The high frequency components of noise, such as hissing and whistling, are potentially more dangerous than the low frequencies, hums and rumbles.

We all undergo a progressive loss of hearing acuity as we grow older ; this 'wearing out' of the hearing mechanism is known as presbycusis (from the Greek : elderly, hearing), but nevertheless the increase in everyday noise is not a thing we can afford to ignore. It is not a matter solely the concern of scientists and technologists but one which demands from all of us a greater awareness of the dangers.

In February, a seminar was organised by the Audiology Section of the County Health Department and invitations were extended to neighbouring Authorities. It was well attended and included representatives from the medical profession, Public Health Inspectors, Architects, Planning Officers, Surveyors, Police, Clerk's Department and Teachers of the Deaf. The subjects discussed included Medical Aspects of Noise, Noise and the Law, Principles and Practice of Noise Control and Assessment and Measurement of Noise.

The film 'Audiology with Children', made in this Department in 1968, continues to create interest and it has been shown in this county to schoolchildren, teachers, parents, doctors, nurses and various organisations. It has also been loaned to several other Authorities in England, Wales, and Ireland. The Audiologist has given talks in support of the film on 15 occasions during the year.

At the request of parents, a series of meetings was arranged to discuss the questions arising in giving sex education to deaf children. These were well attended and their success was due to the help and interest shown by Dr. P. C. Moore, County Medical Officer of Health and Principal School Medical Officer, Mrs. Owen, Lecturer in Health Education, Dr. Pierre Gorman, Royal National Institute for the Deaf and the Teacher of the Deaf in the Education Department.

During vacation time, many children on holiday from Residential Schools for Deaf Children have been visited by the Audiologist and Peripatetic Teacher of the Deaf. This is a worthwhile scheme as quite often problems and other difficulties confronting the child and his family can be tackled.

A considerable amount of time was spent by the Audiologist in testing the speech and hearing of all the children in this county concerned in the National Child Development Study. As there were only 75 children it may be surprising to learn that it took from June until December to complete the survey.

In March, supplies of the new Head-Worn Hearing Aid issued by the Ministry of Health (Medresco OL67) became available and arrangements were made between the Hearing Aid Clinic at the Eye, Ear and Throat Hospital and the Audiology Section for the distribution of these to children in the county. The aid is provided only for school children over 7 years of age for whom it is suitable and this was done in 3 phases :

Phase 1	children over 14 years
„ 2	children over 11 and up to 14 years
„ 3	children over 7 and up to 11 years

Not every child with a hearing loss will benefit from this new aid and each replacement of an old aid was agreed by the Audiology Technicians, Peripatetic Teacher of the Deaf and the Audiologist. Some children have been honest and stated that the old body worn aid is of more benefit to them, but others are delighted to have this more discreet and cosmetically acceptable aid. By the end of the year, 75 of the new OL67 models had been issued.

In September the third Residential Course for Parents of Hearing Impaired Children was held at the Shrewsbury Junior Training Centre and parents and staff were delighted at the keen interest shown by Dr. L. A. Hamar and Dr. P. C. Moore. A total of 20 parents and 20 children attended over the two days and the speakers included, apart from our own County Council staff, Mr. J. Darbyshire, Department of Audiology and Education of the Deaf, Manchester University, Miss N. L. North, The Lady Spencer Churchill College of Education, Oxford and Mr. C. Hill, Audiologist, Stourbridge.

One of the points raised in a wholehearted discussion by the parents was the unanimous feeling for the need for more availability of information from Specialists and help on any specific problems which may arise relating to their own children. As a result it was decided that Consultation Sessions attended by the Audiologist, Peripatetic Teacher of the Deaf and a Social Worker if required, be arranged at clinics near to the home or actually in the parents' homes, at least twice a year. This scheme was started in October and by December the parents of 41 families in the County were invited to attend, including the 12 families who attended the Residential course. It was a disappointment that only 16 groups of parents did attend and 20 did not bother to reply even though supplied with stamped addressed envelopes. However it was considered a worthwhile exercise and it is intended that it will be repeated in 1970.

The Audiologist had two meetings in conjunction with the Deaf/Blind Unit at Condover Hall, with parents of 'Rubella Children' attending Condover Hall, from various parts of England.

In preparation for the testing of hearing and vision of nine month old babies, all of whom will be offered appointments from 1st January, 1970 the audiology trained nursing staff underwent training sessions organised by Dr. W. G. Rhys-Jones, Senior Medical Officer and the Audiologist. The result of this new scheme will be interesting to analyse at the end of the first full year.

Infant Hearing Tests.—During the past year 1,230 babies (out of 5,682 live births attributable to the County) were placed on the "at risk" register. Testing of these babies and of many others who are referred by parents, doctors and Health Visitors is usually made when they have reached the age of 8—9 months and during the year the number tested at the clinics held was 1,373 the results being summarised in the following table :

INFANT HEARING TESTS PERFORMED

Type of Case referred	Tested	Passed	Failed or did not co-operate		
			For Retest	For Audiologist	For Dr.'s Clinic
New Cases ..	1,373	1,195	158	12	8
1st Visit	143	86	34	17	6
Subsequent and Review Cases ..	50	29	11	5	5
TOTAL ..	1,566	1,310	203	34*	19+

*Of these 34 Cases : 14 were for further hearing tests.
 9 were discharged with normal hearing.
 8 subsequently attended the Medical Audiology Clinic.
 1 attended the Hearing Assessment Clinic.
 1 attended the Partially Hearing Unit.
 1 left County

+19 have now been referred to the Medical Audiology Clinic.

Sweep Frequency Testing

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	25/30 db loss Surveillance at School	Hearing Suspect
Primary School Children ..	11,446	10,077	561	808

As previously reported, the failure threshold for sweep frequency testing in schools has been raised from 25 db to 30 db and the children who failed at the 25 db level but pass at 30 db are referred for observation by the school teaching staff. In 1969 there was a failure rate of 7.0%.

These tests are given in conjunction with a screening test of vision prior to School Medical inspections. Occasionally there may be some slight delay in giving appointments to the children who fail the test, to be seen at a Medical Audiology Clinic. These appointments cannot be arranged until the School Medical Record Cards have become available in the Health Department at the conclusion of a medical inspection. The waiting period may therefore be from two to eight weeks in length.

Medical Audiology Clinics.—The failures at sweep frequency testing in schools and also other children who have been referred by School Medical Officers, Speech Therapists, Teachers of the Deaf, Medical Practitioners and Hospital Specialists are all seen at the Medical Audiology Clinic. These Clinics are staffed by one of the Medical Officers trained in this work, or the Audiologist, and one trained Health Visitor.

As the table below shows, the degree of hearing loss is graded from slight to extreme and it is interesting to note that of the 2,389 examinations made, 37.6% of the children were discharged and a further 47.8% were found to have only slight loss of hearing.

During 1969, 311 clinics were held and 2,389 detailed hearing tests were made with the results indicated below :

Referred by	Cases	No. Referred	No. Tested Age Groups			Dis-charged	Type of Hearing Loss—For Review					Total New Cases	Total Review Cases
			Under 5	Primary	Sec-on-dary		Slight	Mild	Marked	Severe	Extreme		
Sweep Test	New Review	840 956	— —	631 633	2 108	312 219	251 419	47 65	6 15	1 1	— —	633 —	— 741
School Medical Officer	New Review	234 340	1 3	71 165	93 64	91 65	49 124	13 28	3 7	2 2	— 1	165 —	— 232
Family Doctor ..	New Review	39 29	1 —	30 23	2 1	11 8	14 11	3 3	1 1	— —	— —	33 —	— 24
Health Visitor/School Nurse	New Review	44 63	2 —	29 42	5 4	15 8	14 31	4 5	— 2	— —	— —	36 —	— 46
2 H.P. Case ..	New Review	81 29	— —	31 8	10 12	34 8	6 9	1 2	— 1	— —	— —	41 —	— 20
Deaf Teacher ..	New Review	2 14	— —	1 8	1 4	1 3	1 4	— 3	— 1	— 1	— —	2 —	— 12
Head	New Review	37 25	1 2	18 13	6 3	9 10	10 6	3 —	1 2	— —	— —	25 —	— 18
Speech Therapist	New Review	16 22	— —	11 16	1 2	8 6	1 9	1 3	— —	— —	— —	12 —	— 18
Aural Surgeon ..	New Review	61 97	3 —	38 51	6 16	14 22	26 33	3 4	1 1	— 4	— —	47 —	— 67
Infant Assessment Clinic ..	New Review	24 47	5 2	10 31	— 2	5 6	8 22	1 4	— —	— —	— —	15 —	— 35
Parent	New Review	96 99	3 1	68 59	8 11	31 12	32 49	5 8	3 1	— —	— —	79 —	— 71
Others	New Review	17 11	1 —	9 5	1 1	6 3	5 1	— 1	— —	— 1	— 1	11 —	— 6
TOTALS ..		3,223	25	2,001	363	907	1,135	207	46	11	2	1,099	1,290
			2,389			2,389						81*	2,389

*This figure includes cases where the Medical Officer was unable to diagnose definitely any permanent hearing loss. The children concerned may, at the time of examination have been suffering from such conditions as colds, catarrh, etc., or have had wax in the ears. In order not to inundate the Otologist with unnecessary referrals these children were called for further investigation before a final decision or recommendation was made.

Following attendance at the above Clinics, recommendations and referrals were made as follows :

Recommended to sit in an advantageous position in class	204
Notified to the Head of the School for information and guidance	142
Notified to the Teacher of the Deaf to visit and advise in School	15
Referred to—Speech Therapist	23
—Educational Psychologist	14
—Family doctors for treatment	17
—Ear, Nose and Throat Specialists	15
—Hearing Assessment Clinic, for a final decision on operative treatment, special educational placement or the provision of a hearing aid	189
—Admission to Partially Hearing Unit	1
—Audiologist	5

Commercial Hearing Aids.—For certain pupils suffering from specific types of hearing defects, the ordinary National Health Service “Medresco” hearing aid is not entirely suitable, and in such cases, on the recommendation of the Aural Surgeon and Audiologist, a special commercial hearing aid is provided by this Authority. In 1969 it was not necessary to provide any such commercial hearing aids for Shropshire pupils.

Hearing Assessment Clinics.—These are attended by Mr. E. N. Owen, F.R.C.S., Aural Surgeon to the Eye, Ear and Throat Hospital, Shrewsbury, the Audiologist, a Teacher of the Deaf, and Audiology Technician from the Hospital Group, one of the School Medical Officers and one of the specially trained Health Visitors. Those held at R.A.F. Cosford are attended by the Senior Specialist in Otorhinolaryngology, a School Medical Officer and the Audiologist.

Each child is thoroughly assessed by the Specialists in attendance and the parents are advised and given any help and guidance required. The family doctor is notified that the child will be attending for assessment and is always advised of the outcome, as are the Head Teacher of the child’s school and the Education Department.

In 1969, 38 Hearing Assessment Clinics were held and 350 appointments were offered. The acceptances were 299, and of these 214 were new cases and 85 called for review, giving an attendance rate of 85%. The following recommendations were remade :

Number Referred		Source of Referral	No. Att.	Age Range			Recommendation													
				0-4	5-10	11-18	Hospital Treatment	Family Doctor	Treatment by Nurse	Other Consultants	Other Services	Issue of Hearing Aid	Auditory Training	Special care in ordinary School	Admission to Partially Hearing Unit	Admission to Res. Sch. for Deaf	Admission to Special School	Review at Hearing Assessment Clinic	Review at Medical Audiology Clinic	Discharge
New	184	School	165	3	139	23	56	8	1	—	5	7	2	115	2	—	—	21	129	5
		Medical																		
Review	97	Officer	70	—	61	9	21	3	3	1	1	9	—	36	2	—	1	18	50	6
New	48		43	13	24	6	15	1	—	1	3	6	3	21	2	—	—	4	32	1
		Audiologist																		
Review	11		11	1	9	1	4	—	—	—	—	3	—	6	1	—	—	1	6	1
New	4		4	1	2	1	2	—	—	1	1	—	—	2	—	—	—	1	2	—
		Otologist																		
Review	4		4	—	4	—	—	—	—	—	—	1	—	3	—	—	—	3	—	1
New	2		2	1	1	—	1	—	—	—	—	—	—	2	—	—	—	1	2	—
		Out-County																		
Review	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	New		214	18	166	30	74	9	1	2	9	13	5	140	4	—	—	27	165	6
	Review		85	1	74	10	25	3	3	1	1	13	—	45	3	—	1	22	56	8
			299	19	240	40	99	12	4	3	10	26	5	185	7	—	1	49	221	14

One enlightened little boy told the Audiologist that if there were more earwigs in the world then fewer people would have bald ears !

The Otologist and Medical Officers find when syringing ears that a variety of foreign objects need to be removed ; recently these have included items such as a tooth, bath sponge, barley, chicken bone, paper, rubber and most often cotton wool. The discovery of these things is always a surprise to parent and child and a hard way of teaching the dangers of probing things into the ear canal.

The neighbouring county of Montgomery make use of the Hearing Assessment Clinic facilities and children are brought to the Clinic in Shrewsbury, a charge being made for their services.

Use is made by District Council Public Health Inspectors, of the services of the Audiologist in connection with investigations into nuisances from noise.

There is an extremely good working relationship with members of the Education Department and the work of the Peripatetic Teacher of the Deaf whose report appears below, has been most useful.

Once again I would like to thank the staff of the Child Health Section for their hard work and help in the running of the Audiology Service.

E. PAULETT,

Audiologist/Senior Speech Therapist.

PARTIALLY HEARING CHILDREN

Mr. J. P. Jones, Peripatetic Teacher of the Deaf for the County, gives the following interesting description of his work during Autumn term 1969 :

- “(i) There is now a nucleus of twenty children receiving regular help either weekly or fortnightly. These are pre-school children and children in all types of ordinary schools. One is in a special school
- (ii) There is a nucleus of about twenty children receiving regular monthly help.
- (iii) At the request of the parents, Consultation Clinics were held in various parts of the County. Parents were invited to visit the Clinics and discuss any problems related to their hearing impaired children.
- (iv) A lot of work was done with Mr. Paulett, the County Audiologist in preparing the booklet of information about deafness and hearing impairment, for teachers in ordinary schools. It is now with the Principal School Medical Officer for his comments.
- (v) The new National Health Service post-auricular hearing aid OL 67 was made available to most children of 7+ and upwards who would benefit from using it. Although the issue was begun in May 1967, during this term there was an acceleration in the issuing of these aids. A large number of children were visited in schools and reports written about how they were coping with the new aids.

Children Issued with OL 67 (Head Worn Hearing Aids)

Number visited	..	..	..	..	..	..	75
Reports submitted		..	..	..	..	..	50

4 children left before we were aware they had been issued with the new aid

Figure includes 8 children in Partially Hearing Units who have been provided with these aids.

Children Issued with OL 56 (Body Worn Hearing Aids)

Number visited	..	..	..	..	..	..	..	9
Reports submitted	..	..	..	..	..	..	..	8
Aids withdrawn	..	..	..	..	..	..	..	5

Number of Schools Visited

Primary	..	..	..	..	..	..	..	35
Secondary	..	..	..	..	..	..	..	13
Special	..	..	..	..	..	..	..	3
TOTAL	..	..	..	..	..	..	..	51
Pre-School Children seen regularly	..	..	..	..	..	..	..	8
This figure includes one child from Montgomeryshire and one who has now left the district.								
Special Reports requested on Children	..	..	..	..	..	..	..	9

Duties of a Peripatetic Teacher included :

- (1) Parent Guidance—to parents of pre-school children and to parents of older children who have requested it.
- (2) Regular work in basic subjects, lipreading/speech training/auditory training.
- (3) Attendance at Hearing Assessment Clinics—6 sessions.
- (4) Attendance at Consultation Clinics—7 sessions.
- (5) Visiting with the Audiologist, children suspected of having a hearing loss who move to the County. Also visiting parents unable to attend Consultation Clinics—4 sessions.
- (6) Returning damaged hearing aids etc., to the E.N.T. Hospital and collecting new ones.
- (7) Returning damaged Auditory Training Equipment and collecting when repaired.
- (8) Booklet—discussions with Audiologist about the preparing of a booklet for use by teachers in ordinary schools.
- (9) Administration—at least one session a week.
- (10) Discussions and demonstrations to class teachers when necessary.

General Comments.—It is difficult to estimate exactly how many children we are actively interested in at any one time. Apart from the children seen regularly for help, or because they wear hearing aids and who need to be looked at, at fairly regular intervals, the vast majority of the children fall into the category requiring termly or annual visits. This is an ever increasing list and only a small proportion can be dealt with per term.

The new hearing aid has certainly made life easier for children in the Secondary School. There are a number of children wearing the aids now who would not have worn the old aids. Some Headmasters have complained that they cannot tell whether the aids are being worn because they cannot see them !

Although small and fragile looking the aids seem to be rather stronger than they appear. During the term not one has had to be replaced as a result of being damaged.

As far as I can gather the aid has three disadvantages :

- (1) There are no indications on the aid to show the best listening levels for each child.
- (2) The wind whistles in the microphone when it is worn outside.
- (3) Batteries give out without warning.

However, the value of the aid cosmetically cannot be over emphasised.

Although a number of parents did not take advantage of attending the Consultation Clinics, those who did, found them helpful, and a lot of the parents had genuine problems and worries”.

CHILD GUIDANCE SERVICE

Dr. D. R. Benady, Consultant Child Psychiatrist, gives the following account of the work carried out by the Child Guidance Service during 1969 :

“The Clinic has been fortunate during the past year to have had no changes of staff, and this period of stability has enabled us to maintain a high standard of service. We are, however, well aware of our major deficiencies, but continue to give the best service we can with the limited resources available to us.

We were pleased to welcome Mrs. Rhys-Jones as part-time Social Worker, and she has taken over the family casework in the north-east of the county. At the moment, Miss Downer, our Senior Psychiatric Social Worker, is helping the families referred to us from the new town at Telford.

There has been a welcome small reduction in the number of cases referred during 1969, and this has enabled us to offer more intensive treatment in some cases. Also our methods of assessment have gradually altered, and we now offer primarily a family consultation service. This has many advantages for the mildly disturbed child, but we still offer individual treatment when it is required.

Unfortunately, the same disadvantaged groups remain, viz.: the very disturbed pre-school child and the disturbed adolescent. We have few facilities for them and we are unable to give them the treatment they so badly need. This throws a sometimes almost intolerable burden upon the parents, to whom we can offer little other than our support.

We continue to liaise with all social agencies at both formal and informal levels and we have, in fact, already anticipated the new Children's Act by regular discussions with the Children's Department, with whom we work in close collaboration.

Our privileged contacts with the Special Schools—Trench Hall, Petton Hall, Haughton Hall, Katharine Elliot and Shelton Day Unit continue. Each is doing an excellent job of caring for and educating children with many handicaps, but the time has come when consideration must be given to the shape of their future development.

General Practitioners are continuing to refer more cases to the Clinic, both as a total and as a percentage of all cases referred. This is to be welcomed as it increases our services to the community at large.

We are fortunate in that the Clinic is now part of the Birmingham Regional Hospital Board Training Scheme for Senior Registrars. This year, Dr. Robertshaw joined us for a while, but unfortunately she became ill and has not yet been able to return. Dr. Pemberton is having to reduce his sessions with us because of other commitments, and his help will be greatly missed. Dr. R. Smith joined us as Clinical Assistant for two sessions weekly, and this is a permanent appointment. The training of staff is time consuming, but is of immense value to them and the community at large.

We continue to receive Child Care students from Keele University, with mutual benefit. This year, too, has seen the inception of Social Workers' Seminars for workers from all social agencies.

We are at present researching into the problems and needs of rejected children, as well as into the natural history of children who soil, whilst the School Psychological Service and the Remedial Teaching Service continue to carry out major research into reading disabilities in children”.

Summary of work done during 1969

[illegible]

Sources of referral :

Head Teachers	..	..	..	..	..	..	..	..	..	98	(22.1)
Principal School Medical Officer			..	..	..	..	..	..	..	106	(24.1)
Parents	..	..	..	..	..	..	..	..	..	31	(7.1)
Consultants and Private Doctors			..	..	..	..	..	..	..	163	(37.1)
Probation Officers	..	..	..	..	..	..	..	..	..	10	(2.2)
Miscellaneous : e.g. Children's Officer, Mental Hospital, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors					..	..	..	..	..	34	(7.4)

Reasons for referral :

Difficulties in school—either in specific subjects, general behaviour or general attitude to work	33	(7.4)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	112	(25.5)
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy and pilfering	155	(35.2)
Psychosomatic disorders—e.g. asthma, disorders of locomotion, sleep, feeding and evacuation	131	(29.7)
Miscellaneous reasons—vocational guidance, etc.	11	(2.2)

Number of new cases seen by Psychiatrist : 202

Diagnostic interviews only (19 passed to psychologists for treatment)	..	..	75
Diagnostic interview and survey (2 passed to Psychologists for treatment)	..	..	32
Taken on for treatment	..	..	95
Treatment load carried forward from previous years	..	..	163
			<hr/>
TOTAL TREATMENT LOAD	..	..	365

Number recommended for Maladjusted Schools :

Trench Hall	21
9 awaiting admission ; (including 2 recommended in 1968) 2 subsequently settled in ordinary school ; 12 admitted during 1969 ;	
Independent Schools (awaiting admission)	1
Maintained Schools (awaiting admission)	2

Number recommended for :

[illegible]

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to :

- (a) school children in the year preceding their fourteenth birthday ;
- (b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education and
- (c) whole school classes, which may include a few children under 13 years, for convenience.

The following table gives particulars of schools visited for B.C.G. vaccination purposes during 1969, with comparative figures for 1968.

	Maintained and Grant-aided Schools		Independent Schools		Totals	
	1968	1969	1968	1969	1968	1969
Schools visited	50	48	20	22	70	70
Children tested	3,609	3,600	503	555	4,112	4,155
Reactors—positive	163	214	54	44	217	258
—negative	3,137	3,066	430	496	3,567	3,562
Not read	309	320	19	15	328	335
Children vaccinated	3,058	3,023	416	489	3,474	3,512
Negative reactors not vaccinated	79	43	14	7	93	50

The following table gives comparative figures in relation to positive reactors found, during the period 1965 to 1969 :

Year	Total Read	Positive Reactors	Percentage Positive Reactors
1965 ..	2,378	173	7.28
1966 ..	3,893	270	6.94
1967 ..	3,708	193	5.20
1968 ..	3,784	217	5.73
1969 ..	3,820	258	6.75

Also skin-tested during the year were 133 children who had been given B.C.G. vaccination in the past. Of these, 126 revealed positive reactions, and 7 were negative and given B.C.G. vaccination.

The acceptance rate for B.C.G. vaccination for 1969 was 95.8%.

In addition, a special survey was made at one school where children had been in contact with known cases of Tuberculosis :

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>
Children (all ages) ..	46	—	46*

N.B.—These figures are not included in the first of the tables above.

*These were pupils under thirteen years of age and, therefore, too young for inclusion in the general scheme for B.C.G. vaccination of school children which was in force in 1969. They will be re-tested when they reach 13 years of age.

Chest Radiology.—Appointments for chest X-ray are offered to all positive reactors and also to their home contacts. In addition, pupils who have had large Heaf reactions (Grade 3 or more) have follow-up X-rays four months and sixteen months after their initial chest X-ray. (By the Wolverhampton Chest Radiology Service only, not by the Stoke-on-Trent Service).

During 1969 some 25 children had large positive reactions.

The table below summarises the results of all cases investigated by the Wolverhampton Chest Radiology Units :

	<i>Pupils</i>	<i>Home Contacts</i>	<i>Staff</i>
Cases investigated	167	198	1
Recalled for large film examination ..	4	5	—
Cases of tuberculosis discovered ..	—	—	—

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters, are also used from time to time to remind the public of the importance of immunisation.

During 1969, the total number of children *of school age* who were primarily immunised was 126 ; of this number 92 were treated by School Medical Officers and 34 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Booster immunisation against diphtheria, tetanus and poliomyelitis and re-vaccination against smallpox is offered to children at school entry (5 years) and excluding diphtheria again to children aged 15 to 19 years on leaving school. Parents have the choice of their children being given the necessary doses either at school or by their family doctors.

Of 5,236 school children given "booster" doses in 1969, some 3,241 were dealt with by the School Medical Officers and 1,995 by general medical practitioners.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years.

		1950—54	1955—59	1960—64	1965—69
Notifications ..	Total	3	—	1	—
	Annual average	0.6	—	0.2	—
Deaths	Total	1*	—	—	—
	Annual average	0.2	—	—	—

*Death of elderly woman, assigned by Registrar-General ; C. diphtheria not found.

VACCINATION AGAINST SMALLPOX

During the year, 440 children between the ages of 5 and 15 years were vaccinated against Smallpox. Of this number, 185 vaccinations were performed by School Medical Officers and 255 by general medical practitioners.

In addition, 1,995 children were re-vaccinated, 1,343 by School Medical Officers and 652 by general practitioners.

VACCINATION AGAINST MEASLES

Children can now be protected against measles by a single injection of a vaccine which may be offered to all children up to 15 years old who have not been protected either by previous immunisation or by an attack of the natural disease.

Vaccination was first offered at the end of May, 1968, to children in the 4 to 7 year age group who were considered to be more at risk. As supplies of the vaccine became more plentiful the scheme was extended to include children aged 1 to 15 years.

Of the 3,382 vaccinated in this latter age group, 1,892 were dealt with by County Council Medical Officers and 1,490 by General Practitioners.

VACCINATION AGAINST POLIOMYELITIS

Some 369 children between the ages of 5 and 15 years received primary vaccination with Sabin (Oral) vaccine during the year and, of these, 256 were dealt with by County Council Medical Officers while the remaining 113 received their doses from General Practitioners.

In addition, a further 8,150 children in the same age group were given fourth (or booster) doses, 5,808 by County Council Medical Officers and 2,342 by General Practitioners.

IMMUNISATION AGAINST TETANUS

Of the 786 children who received primary immunisation against tetanus, 89 were dealt with by School Medical Officers and the remaining 697 by general practitioners. Of a further 7,080 children who received booster doses of tetanus antigen some in conjunction with diphtheria boosters by means of combined vaccines, 4,641 were immunised by School Medical Officers and 2,439 by Practitioners.

HEALTH EDUCATION

During the year, 336 talks, largely illustrated by films, were given to school and other associated audiences (e.g. parents' meetings) and to the parents of pre-school children in Playgroups amounting to an overall audience of 21,822. There were new developments in the form of talks given to parents of pre-school children in playgroups and by courses in personal relationships/sex education for a teachers training college.

The total number of talks given represent a 30% increase on those of last year, for double the numbers of the audiences of 1968. These increases may be attributed to an increase in the full-time lecturing staff and visual aids resources (16 mm film and overhead projectors), to a consistently increasing demand for specialist health education.

Talks were given by 13 Medical Officers, 19 Health Visitors and School Nurses, 3 Dental Officers and Dental Hygienists, the Senior Speech Therapist/Audiologist, a Chiropodist and four members of the full-time Health Education Staff.

In schools and for related audiences the subjects most in demand were Personal Relationships (Sex Differences and allied themes), Audiology (with our own film), Health as a generalised theme, Home Safety, Dental Health, Drugs and Addiction, in that order.

Our own 16 mm film "Audiology with Children", released in 1969 was awarded the British Life Assurance Trust's Certificate of Educational Commendation and continues to draw audiences both in local support of talks on the Audiology Services of the County and from out-county borrowers 14 who wish to use it in their own localities for training and information purposes. One copy has been purchased by another authority and another, invariably out on hire, has been shown in 1969 to a known audience of 237.

Smoking and Health.—Three specific requests were received for talks in schools, where, by inference, there could have been signs of a growing prevalence of the habit among pupils.

All concerned (schools, medical, health visiting and nursing staffs) seek to discourage the habit. In talks on Drugs and Addiction and on general health, opportunity is taken to demonstrate the harmful nature of smoking from all relevant aspects—food hygiene, fire risk, impairment of respiratory and circulatory systems, the addictive, financial and economic aspects of the smoker's problem. At best smoking is an expensive way of damaging our health. At worst a drain upon the community's resources of wealth, man and woman power.

Personal Relationships.—The "Learning to Live" programme conducted by Mrs. J. M. Owen, a part-time member of the Health Education team, who is also a professional teacher, continues to be in demand. In those secondary schools where the programme has been in longest use it is frequently first presented in the first and second year age groups. Teachers and parents are involved in these programmes so far as is possible in order that discussion and counselling may continue as needed and at all times.

An interesting development has been the course arranged for Home Economics Teachers in Training at the Radbrook College, who may well be called upon to undertake sex education and counselling in schools. Courses have also been undertaken for nurses in training at Copthorne Hospital and the Royal Salop Infirmary. The courses are broadly based and as desirable they incorporate lectures by professional staff on venereal diseases, childbirth, family planning.

Statistical Tables.—The tables give an indication of the nature and scope of the Health Education Service in schools and for other educational establishments and organisations closely related to these. The tables do not show the full extent of health education in these institutions, nor do they demonstrate the degree of integration that exists between the schools and the Health and Education Departments in the provision of this branch of education for healthy living, but they do give an indication of the specialist advice and help available from the Health Department wherever and whenever these are called for.

TALKS IN SCHOOLS AND TO ALLIED GROUPS

School/Groups	Numbers	Talks	Nos. in Audiences
Primary	35	57	5,868
Secondary	26	193	13,350
*Further	5	35	797
*Special	3	25	708
Playgroup Parents ..	4	4	141
Parent/Teachers ..	17	17	543
*Other (School age) ..	1	5	415
TOTALS ..	91	336	21,822

*Including establishments not provided by the local education authority, e.g. private schools, training centres, children's homes, other educational institutions.

SUBJECTS OF TALKS IN SCHOOLS AND TO ALLIED GROUPS

Subject	Visual Aids		Without Visual Aids	
	Groups	Audiences	Groups	Audiences
Audiology	11	440	—	—
Child Development ..	4	141	—	—
Dental Health ..	21	2,384	—	—
Drugs & Addiction ..	13	879	1	200
Smoking ..	3	880	—	—
Food—Nutrition } ..	3	202	—	—
and Hygiene } ..	1	73	—	—
Foot Health ..	44	3,968	8	270
Health & Hygiene ..	25	3,082	—	—
Home Safety ..	*144	*5,104	21	3,175
Learning to Live } ..				
Venereal Diseases } ..				
Family Planning } ..	3	170	—	—
Menstruation ..	5	310	—	—
Parentcraft ..	22	544	—	—
Miscellaneous ..				
TOTALS ..	306	18,177	30	3,645

*Talks delivered both by Medical Officers in Department and by Health Education Lecturers.

LEARNING TO LIVE (PERSONAL RELATIONSHIPS)

	*1969	*1968
Courses completed (3 meetings) in Schools	123	153
Parent-Teacher Meetings	3	9
Nursing Schools (3 meetings)	2	—
Teacher-Training College Course (8 meetings) ..	1	—
Further Education Establishments	10	11
	139	173
Approximate Numbers involved.. ..	4,600	4,800

N.B.—The figures shown in the tables relate only to schools and educational establishments. Further details are shown in the Annual Report of the County Medical Officer of Health.

*These statistics relate to the period January—December.

The “Learning to Live” figures published in earlier reports were based on the academic year from September—August.

H. HARRIS,

Health Education Officer.

PHYSICAL EDUCATION

The following report has been provided by Mr. J. W. Beswick, Physical Education Adviser:

Shropshire Schools Field Centre.—As the new buildings were late in being completed it was not possible to open the centre in its new guise until February. During this month we ran experimental courses. The full range of bookings was started in March.

A complete new staff was appointed in September to cater for “all the year round” working.

From experience it now seems to be certain that the centre will be fully booked in the future for at least 48 of the 52 weeks. From March to November, 1969, the numbers attending were as follows :

Pupils, 1,159. Staff, 90.

All the children attending the Centre are examined before departure by a School Medical Officer and must be certified free from infection and verminous infestation before being allowed to proceed. Arrangements are made with a local Medical Practitioner to provide medical service at the centre when needed.

We should be able to report a full year’s working in 1970.

Swimming.—Two term swimming came back into full use in this year for closed baths, one and a half terms in open air heated baths. During the year, new school baths were installed at Bridgnorth and Church Stretton.

The number of Amateur Swimming Association survival awards increased by 25% in this year.

The number of Royal Life Saving Society awards issued was similar to that of last year.

Ironbridge C. E. School won the National Dolphin Trophy.

Four swimming clinics were instituted this year for the elite swimmers of the county.

Duke of Edinburgh’s Award.—The number of boys and girls in this scheme this year was 473 boys and 283 girls.

61 boys gained awards and 3 went to Buckingham Palace.

93 girls gained awards and 1 went to Buckingham Palace.

Shropshire Schools Sports and Athletics Association.—This Association continues to flourish ; more county and inter-county events in the various sports and games took place last year than in any previous year.

An interesting event took place at Wellington this year, i.e. the English Schools Girls’ Olympic Gymnastic Championships, county teams taking part from all over the country. The standard of performance was excellent.

Shropshire county teams took part in national competitions in association football, hockey, netball, athletics, and cross country running. Individuals also represented the country in athletics and cricket.

Physical Education—General.—The decrease of complaints, re bare foot work, continues, parents realising the significance of “moving” in bare feet. The scope of physical education continues to increase and ranges through major games, golf, horse riding, mountaineering, to archery. Choice activities offered in the fourth, fifth and sixth years of schooling have led to the introduction of this wide variety of activities.

SCHOOL CANTEENS

Medical Examinations of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible and also given chest X-ray examinations. They should be examined *before* commencing employment; often the worker’s services are urgently required and prior examination is not considered possible, but this is potentially dangerous practice.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indications of this work during the year:

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	10	10	10	97	12	129
Self-contained Canteens	171	5	176	788	495	1,464
Canteens for dining only	116	—	—	255	212	467
TOTALS ..	297	15	186	1,140	719	2,060

During 1969 a total of 1,209 examinations of canteen personnel (364 initial and 845 re-examinations) was carried out.

In fifteen cases it was necessary to arrange for special chest X-ray examinations and the results in all cases were satisfactory. In two cases employees were found to be suffering from Dermatitis and were suspended from duty; they were subsequently pronounced fit to resume. Chest X-ray examinations are made when the Chest Radiology Unit is in the area or can be arranged specially at the request of the Medical Officer.

This scheme has been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County.

In addition, during 1969, Medical Officers carried out a total of 75 medical examinations of kitchen staff employed in Welfare Homes in the County.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

On the occasion of each annual routine medical inspection the premises are re-inspected by the School Medical Officer and matters which require attention or investigation are referred to the Chief Education Officer with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 1/9d. per head (free in necessitous cases) for one hundred per cent of children attending school; 81.6 per cent were having school dinners at a census taken in September, 1969; in September, 1968, the figure was 80.3 per cent.

Milk.—Milk is supplied free of charge in all Primary maintained schools and a census taken in September, 1969, showed that 89.5 per cent of the children attending Primary maintained schools were drinking it.

Quality of Milk Supplies.—As far as possible only Pasteurised Milks are supplied; of a total of 232 departments in Primary maintained schools, 231 had pasteurised supplies and 1 an untreated supply in 1969.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals.

The table below gives the results of the examination of samples taken during 1969 :

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory*	Void‡	Satisfactory	Unsatisfactory
Pasteurised	147	127	7	13	147	—
Untreated	3	3	—	—	—	—
TOTAL ..	150	130	7	13	147	—

*In the cases of the samples failing the Methylene Blue Test, “on delivery” samples were obtained and warning letters were sent to the Dealers concerned.

‡Methylene Blue Tests are declared void when the atmospheric shade temperature exceeds 65°F. during storage in the laboratory.

Medical Examination of Prospective Teachers.—During 1969, the medical staff of the School Health Service examined 476 candidates for entry to the teaching profession.

NATIONAL CHILD DEVELOPMENT STUDY

In 1958 a Perinatal Mortality Survey was carried out throughout the country under the auspices of the National Birthday Trust Fund, and Domiciliary Midwives and Midwives practising in private nursing homes were asked to complete a form of questionnaire in respect of every child born between 3rd and 9th March, 1958, of whom there were 91 in the County of Shropshire.

In order to carry out a National Survey of the educational and physical development of these same children, an organisation known as the National Child Development Study (1958 Cohort) was set up for this purpose in collaboration with the Society of Medical Officers of Health, the Association of Chief Education Officers and the Association of Directors of Education in Scotland.

By means of a questionnaire completed by Midwives, details of social, medical, obstetric and other factors were documented. The results of the Perinatal Survey highlighted the importance of determining the high risk groups requiring the highest priority for specialist delivery.

In 1964, the opportunity arose to trace and study these children again and the National Child Development Study was set up for this purpose, supported by Government funds. It proved possible, again with the co-operation of every local authority in England, Scotland and Wales, to trace and gather information on over 90% of the group. The information was obtained from three major sources.

Schools.—The children's teachers completed a questionnaire and administered a few tests of ability and attainment. These produced information not only about the child's educational progress, his behaviour and adjustment but also the type and size of school and class.

It was found that 3% of the children were unable to read at the age of seven and a further 24% were graded as 'poor readers'; children who started school before the age of five were found to perform better at seven than those who started school later. Particularly interesting were the regional differences. The Scottish children, for example, had reached a much higher standard in reading than their English or Welsh counterparts.

Parents.—Mothers were interviewed by health visitors who put questions about the home, the family and the child and obtained a medical history.

Here it was found, for example, that one in ten of the children had by the age of seven been admitted to hospital for an accident in the home. Boys were seen to be more accident-prone than girls and in a more general context there was greater childhood morbidity amongst the boys. The boys' behaviour at home was giving parents more cause for concern, and there were interesting qualitative differences.

Thus, the girls were more frequently reported as being tearful, having poor appetite and biting their nails, whilst the boys were more likely to be irritable, destructive, unsettled and disobedient.

Medical Officers.—A medical examination was carried out which included measurement of height and weight and assessment of vision, speech and hearing. A pure tone audiogram was obtained for over 70% of the children.

Scrutiny of the audiograms and the results of the clinical assessments revealed that 14 children (one in a thousand) had severe or profound deafness whilst a further 28 (two in a thousand) had a loss serious enough to merit some form of special educational treatment. It was noteworthy that a far higher proportion of children showed defects of hearing on an audiogram than in the clinical hearing test.

Some of the most interesting findings concern vision. On clinical testing with a Snellen chart, 3.4% of the children had vision of 6/12 or worse in their better eye and 1.7% could see no better than 6/18 in their better eye. About 7% of the children had a history of a squint and of these children 14% had vision of 6/12 or worse in their better eye. It was also discovered that the squinting children as a group, had a lower educational performance, poorer social-adjustment and poorer physical co-ordination, than the rest of the sample.

Regional comparisons showed that the Scottish children were on the whole shorter and lighter in weight than their English and Welsh peers and that tonsillectomy by the age of 7 years is more common in Scotland.

These largely descriptive findings by no means exhaust the possibilities of the Study. On the contrary, an examination of the long-term effects of medical, social and educational factors is only possible in a follow-up project of this kind. For example, it was found that children who are premature, either by gestational age or low birthweight, are not only more likely to have a subsequent handicap than full-term infants but are also more likely to suffer minor medical problems, show poor school performance and behaviour difficulties.

Later analyses will make it possible to identify some of the circumstances which, alone or in combination, can result in developmental or other difficulties, or, conversely, can make a positive contribution towards optimal development. The study is the only ongoing project of its type in the world and is an example of the kind of interdisciplinary co-operation which only seems possible in Britain, involving as it does the active participation of statutory and independent bodies and of individual doctors, teachers, health visitors and others throughout the whole country.

Approximately 75 pupils in this County were enrolled in this survey and parental and medical questionnaires and audiograms were completed in each case during the latter part of 1969.

STATISTICAL TABLES

(i.e. as submitted to the Department of Education and Science on Form 8.M).

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of pupils inspected (nutrition)		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-Satisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later ..	43	43	—	1	1	2
1964	1,216	1,216	—	12	27	33
1963	2,497	2,497	—	16	61	72
1962	787	787	—	5	19	22
1961	170	170	—	4	2	6
1960	119	119	—	3	5	7
1959	67	67	—	5	2	7
1958	147	147	—	5	6	11
1957	783	783	—	19	22	38
1956	1,165	1,165	—	20	36	54
1955	1,995	1,995	—	49	58	105
1954 and earlier ..	2,979	2,979	—	106	91	193
TOTAL ..	11,968	11,968	—	245	330	550

*2,352 pupils were not selected for routine examination in 11 and 14 year age groups.

NOTE : (i) Routine medical examinations are normally carried out on entry to school only.

(ii) Columns 5, 6 and 7 relate to individual pupils and not to defects. Consequently the total in column (7) is not necessarily the sum of columns (5) and (6).

(B) OTHER INSPECTIONS

Special Inspections	1,755
Re-inspections	7,635
	<hr/>
	9,390*

*In addition to those inspected a total of 3,896 pupils in 7 and 11 year old groups were given Vision tests. Of this total, 309 were recommended for treatment and 313 for observation.

Also approximately 1,000 visits per annum are made by School Medical Officers to the homes of handicapped pupils for special examination, re-examination and parent guidance purposes, etc.

(C) INFESTATION WITH VERMIN

(1)	Total number of examinations in the schools by the School Nurses or other authorised persons ..	97,087
(2)	Total number of individual pupils found to be infested	656
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	37
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1969
TABLE II **PERIODIC AND SPECIAL INSPECTIONS**

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total		Special inspections	
		Requiring:		Requiring:		Requiring:		Requiring:		Requiring:	
		Treat-ment (3)	Obser-vation (4)	Treat-ment (5)	Obser-vation (6)	Treat-ment (7)	Obser-vation (8)	Treat-ment (9)	Obser-vation (10)	Treat-ment (11)	Obser-vation (12)
(1)	(2)										
4	Skin	16	178	46	177	17	56	79	411	26	24
5	Eyes (a) Vision	34	622	155	984	56	445	245	2,051	25	110
	(b) Squint	21	105	7	63	9	29	37	197	9	15
	(c) Other	3	38	5	14	2	10	10	62	1	2
6	Ears (a) Hearing	5	362	4	92	3	133	12	587	26	66
	(b) Otitis Media	5	138	3	39	2	50	10	227	1	19
	(c) Other	2	126	8	29	2	22	12	177	1	13
7	Nose or Throat	22	638	20	125	6	123	48	886	8	105
8	Speech	10	127	1	12	7	28	18	167	19	37
9	Lymphatic Glands	5	249	—	15	1	23	6	287	—	27
10	Heart	2	83	3	45	—	28	5	156	1	19
11	Lungs	2	208	1	72	2	59	5	339	1	28
12	Development :										
	(a) Hernia	1	34	—	7	—	2	1	43	—	—
	(b) Other	2	159	9	46	4	37	15	242	7	23
13	Orthopaedic :										
	(a) Posture	1	69	2	30	—	16	3	115	—	12
	(b) Feet	5	213	19	160	12	86	36	459	4	54
	(c) Other	4	131	10	80	5	41	19	252	—	25
14	Nervous System :										
	(a) Epilepsy	—	12	1	18	1	17	2	47	—	3
	(b) Other	2	32	—	34	1	20	3	86	—	16
15	Psychological :										
	(a) Development	2	77	—	36	—	73	2	186	4	99
	(b) Stability	2	112	—	42	—	88	2	242	2	64
16	Abdomen	3	79	2	54	1	45	6	178	1	12
17	Other	3	97	15	79	8	53	26	229	5	26

TABLE III**(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases dealt with
External and other, excluding errors of refraction and squint	21
Errors of refraction (including squint)	4,633
TOTAL	4,654
Number of pupils for whom spectacles were prescribed	4,537

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment :	
(a) for diseases of the ear	15
(b) for adenoids and chronic tonsillitis	390
(c) for other nose and throat conditions	16
Received other forms of treatment	198
TOTAL ..	619
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1969	88*
(b) in previous years	77

*75 of these were O.L. 67 Post Auricular Aids exchanged for O.L. 56 type aids.

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	141
Number of pupils treated at school for postural defects	—
TOTAL ..	141

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part C of Table I)

	Number of defects treated or under treatment during year
Ringworm : (i) Scalp	3
(ii) Body	9
Scabies	47
Impetigo	8
Other skin diseases	15
TOTAL ..	82

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	675
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(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	684
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(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(a) Miscellaneous Minor Ailments	31
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	2
(c) Pupils who received B.C.G. Vaccination ..	3,512
(d) Other treatment given :	
Appendicitis	4
Arthritis	2
Asthma	17
Bronchitis	1
Cardiac Conditions	7
Diabetes	12
Epilepsy	4
Hernia	11
Meningitis	3
Nephritis	1
Osteomyelitis	1
Pneumonia	1
Rheumatism	
Rheumatic Fever }	2
Tubercular Conditions	7
Miscellaneous	54
TOTAL (a)—(d) ..	3,672

